

Kansas Department of Health and Environment

Syndromic Surveillance Overview for Stage 2 Meaningful Use

What is Syndromic Surveillance?

Syndromic surveillance data submission is used to improve population health by supporting timely and effective prevention and response. Electronic health data transactions and large public health databases can be used for epidemiological analyses, and this surveillance information is given to public health decision makers for use in monitoring and mitigating public health threats. The use of near patient data and statistical tools enables public health authorities to provide timely assessments of population health that assist with determining and assessing the implementation of public health action. This is particularly useful for event detection, situation awareness, and response management. Your practices contribution to the syndromic surveillance database has a direct impact on public health at the national level.

Syndromic surveillance is a strategy used by public health for early event detection and to monitor the health of the community. It uses information, such as chief complaints from people seeking acute care, to identify emerging trends of public health concern. The data are grouped into syndromes based on the patient's symptoms, and statistical algorithms are run to identify unusual temporal and geographic patterns that might indicate situations of concern.

Making data available in this manner is more efficient to public health agencies in that this information avoids potentially lengthy delays required for laboratory-confirmed diagnoses. Disease control and response efforts can be initiated once syndromes exceed a predefined threshold of detection. Early recognition and responses to outbreaks can help control and prevent subsequent illness.

Kansas is utilizing [BioSense 2.0](#) to conduct syndromic surveillance. BioSense 2.0 is a collaborative project between the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), the National Association of County and City Health Officials (NACCHO), and other public health partners to provide local, state, and federal partners a timely regional and national picture of trends in disease syndromes and situation awareness. At this time, KDHE is working with Eligible Hospitals (EHs) only. KDHE is also working with the Health Information Exchanges (HIE) in Kansas to provide hospitals with an option of connecting to BioSense through the HIE.

Syndromic Surveillance for Stage 2 Meaningful Use

Kansas Department of Health and Environment (KDHE) is currently accepting syndromic surveillance data from eligible hospital emergency departments only. For more on the measure, click on the following link: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/10_Syndromic_Surveillance_Data_Submission_EP.pdf

Eligible Professionals (EPs): Syndromic surveillance submission is one of six stage 2 menu objectives for EPs. EPs may claim exclusion for this menu objective because the KDHE can currently only accept syndromic surveillance data from hospital emergency departments. Take a screenshot of the KDHE Meaningful Use webpage (http://www.kdheks.gov/health/meaningful_use/) and retain the pdf for documentation for this exclusion.

Important Note: “While there are exclusions provided for some of these menu objectives, you cannot select a menu objective and claim the exclusion if there are other menu objectives that you could report on instead.” (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_Guide_EPs_9_23_13.pdf)

As an EP recall that beginning in 2014, EPs, eligible hospitals, and CAHs will no longer be permitted to count an exclusion toward the minimum menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an exclusion for it if there are other menu objectives they can meet..

Eligible Hospitals (EHs): For Stage 2 KDHE only accepts submissions from EHs. Syndromic surveillance submission is one of sixteen stage 2 core objectives for EHs. EH attestation requires registration of intent to submit syndromic data within 60 days of start of the reporting period and one of the following: 1) has achieved ongoing submission, 2) is engaged in testing and validation or 3) is awaiting invitation to begin testing and validation.

Providers that fail to respond within 30 calendar days to PHA requests for action on two (2) separate occasions will not meet the public health measure for which action was requested (77 FR 54021 | <http://www.federalregister.gov/a/2012-21050/p-1009>).

KDHE utilizes CDC’s BioSense 2.0 program for aggregation and analysis of syndromic surveillance data; BioSense data are held in the Amazon Cloud. Facilities may choose to report data directly to BioSense or via a Health Information Exchange such as Kansas Health Information Network (KHIN), Lewis and Clark Information Exchange (LACIE) or Missouri’s Electronic Surveillance System for Early Notification of Community-based Epidemics (MO-ESSENCE). The HIOs can act as a conduit of syndromic data to BioSense. This data transmission is in accordance with the standards set forth by the Office of the National Coordinator in order to meet Meaningful Use requirements.

The onboarding process to submit syndromic data to KDHE is listed below. Contact the KDHE Syndromic Surveillance Coordinator (Farah Naz) at fnaz@kdheks.gov with any questions about this process or to check your enrollment and connection status.

Stage 2 Objective

The Stage 2 object that the eligible entity must show is the: Capability to submit electronic syndromic surveillance data on an ongoing basis to public health agencies and actual submission except where prohibited and in according to applicable law and practice.

Reporting Criteria

Final rule specifics for eligible hospitals can be found [here](#) and for eligible provider details can be found [here](#).

Please refer to the [PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0 \(September 2014\)](#) implementation guide for message format specifications. Additional Kansas-specific criteria can be found in the [KDHE Syndromic Surveillance Technical Specifications for Meaningful Use Stage 2 document](#).

First Steps

There are two ways to submit syndromic surveillance data to BioSense 2.0:

1. Become a member of the Kansas Health Information Network (KHIN) or
2. Contact Farah Naz to sign the Data Usage Agreement (DUA) and return it to:
Farah Naz
Bureau of Epidemiology and Public Health Informatics
Kansas Department of Health & Environment
1000 SW Jackson, Suite 130,
Topeka, KS 66612.

To learn more about our onboarding process, see our [KDHE Syndromic Surveillance Onboarding Overview document](#).

For more information on how to connect to BioSense 2.0 contact Farah Naz at fnaz@kdheks.gov or 785-296-8629.